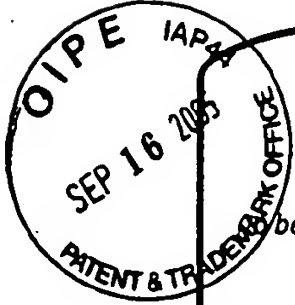


A\$ ZW

HDP/SB/21 based on PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → +



# TRANSMITTAL FORM

to be used for all correspondence after initial filing)

Application Number	10/017,842
Filing Date	October 23, 2001
Inventor(s)	Claus E. FURST
Group Art Unit	2643
Examiner Name	B. Taylor
Attorney Docket Number	45900-000706/US

Do not enter.  
BWT  
10/24/05

## ENCLOSURES (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment<br><br><input checked="" type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><br><input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><br><input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)<br><br><input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|---|--|--|

Remarks

MAIL STOP AF

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name John A. Castellano	Reg. No. 35,094
Signature			
Date	September 16, 2005		

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